

SEP 17 2019

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS

DIVISION

David J. Bradley, Clerk of Court

Dennis Putman # 2140378

Plaintiff's Name and ID Number

TDCJ Ellis Unit

Place of Confinement

CASE NO. _____

(Clerk will assign the number)

v.

Brian Collier, TDCJ Executive Director

Defendant's Name and Address

Warden Strong

Defendant's Name and Address

Captain Candy Montgomery

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of \$400.00.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuit in state or federal court relating to your imprisonment? YES ☐ NO ☒
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Texas Dept. of Criminal Justice

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Dennis Putman # 2140378
1697 FM 980
Huntsville, TX 77343

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Brian Collier, TDCJ Executive Director, P.O. Box 99,
Huntsville, TX 77340

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #2: Warden Strong, TDCJ Ellis Unit, 1697 FM 980, Huntsville, TX 77343
Everything that happens on the unit requires the Warden's permission. He was informed and failed to act
 Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: Cpt. C. Montgomery, TDCJ Ellis Unit, 1697 FM 980, Huntsville, TX 77343
Cpt. Montgomery is responsible for assigning officers to do escorts and ensuring that it is done.
 Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4:

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5:

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I have continually been denied medical treatment on the Ellis Unit. I am a high security inmate (G-5-Close Custody). As such, policy requires that I be handcuffed and escorted by at least two officers anytime I leave the cell, even for medical appointments. And I'm not allowed to go to my medical appointments, or ~~anywhere~~ anywhere without an escort. I've had several appointments for medical treatment here on the Ellis Unit as well as follow-ups for my cancer treatments, but I've been continually refused an escort and forced to miss them. For this reason, I'm not getting the treatment I need. I and others, have filed several complaints, but they refuse to fix the problem, or take action, to ensure that we are being escorted for medical treatment. And the infirmary right across the hall, just 20 feet away.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the court to order the Ellis Unit to provide escorts to ensure that Close Custody inmates are able to receive medical treatment, and I want compensation for my legal fees and damages (punitive).

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Dennis Putman

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

#2140378

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES ☐ NO ☐

- C. Has any court ever warned or notified you that sanctions could be imposed? YES ☒ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: _____
DATE

Dennis P. Toman
Dennis P. Toman
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 7th day of September, 20 19.
(Day) (month) (year)

Dennis P. Toman
Dennis P. Toman
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2019143102
 Date Received: 24 JUN 2019
 Date Due: 8-8-19
 Grievance Code: 619
 Investigator ID #: 2493
 Extension Date: 9-22-19
 Date Retd to Offender: 12 AUG 2019

Offender Name: Dennis Putman TDCJ # 2140378
 Unit: OE-1 Housing Assignment: GTB-206-B
 Unit where incident occurred: OE-1

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? The rover on 2nd shift When? 6-22-19
 What was their response? He took my ID and said he'd check on my ID
 What action was taken? He took my ID home with him 24 JUN 2019

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

In the last two weeks I've only received my medication
3 Times. I get medication for mental health and chronic pain
due to nerve problems. I've just started treatment for cancer and
I don't need to be in any pain that can be avoided. I already have
too much. 24 JUN 2019



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1 OFFENDER GRIEVANCE FORM

Potman, Dennis

Offender Name: DENNIS POTMAN TDCJ # 2140378Unit: Ellis Housing Assignment: G-13-26BUnit where incident occurred: EllisGrievance #: 2019112925Date Received: APR 24 2019Date Due: 6-8-19Grievance Code: 641Investigator ID #: 2493

Extension Date: _____

Date Retd to Offender: 07 JUN 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? LT. ESPANOSA When? 4/23/19What was their response? NO RESOURCES ACCORDING TO OFFICERWhat action was taken? OVERLOOKED THE FOURTH WEEK IN A ROW

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

TO HAVE MEDICINE OUT AND EXPIRED
I HAVE CANCER AND ALLERGIES AND PAIN
LOSS OF FEELING IN ARM.
I CAN'T GET TO MY DR. CONSISTANTLY TO
RESOLVE MY PROBLEMS.

I REALLY NEED to be at Medical Unit. I do have CANCER AND will be getting treatment. This Unit is NOT PREPARED FOR ME to be getting treatments.

Action Requested to resolve your Complaint.

I NEED to SEE my DR. AND PROVIDER! When I put in SICK CALL AND GET TAY-ING I NEED my med.

Offender Signature: Dermi Putman

Date: 4/23/19

Grievance Response:

Review of your medical record shows you were not escorted to your appointment on more than one occasion. Patients requiring an escort that do not attend their appointment are automatically rescheduled but in this instance you were not rescheduled per policy. You are scheduled an appointment to have your complaints addressed in the near future. No further action is warranted at this time.

Signature Authority: B. Daves, PM

Date: 12-10-19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: Dennis Putman TDCJ # 2140378
Unit: Ellis Housing Assignment: G13-206-B ✓
Unit where incident occurred: Ellis

OFFICE USE ONLY	
Grievance #:	<u>2019112925</u>
UGI Recd Date:	<u>14 JUN 2019</u>
HQ Recd Date:	<u>JUN 20 2019</u>
Date Due:	<u>07-29</u>
Grievance Code:	<u>641</u>
Investigator ID#:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

The response to the Step 1 acknowledges the problem but
doesn't do anything to rectify it or help me get to my doctors appointments.
I have Cancer!! Getting to my doctors appointments could be a
life or death situation. If they can't accommodate that here,
I should have been sent to a facility that could months ago.

Offender Signature: _____

Dennis Peterson

Date: _____

6/12/19**Grievance Response:**

A review of your Step 2 medical grievance was completed about needing to be reassigned to a Medical unit because you have cancer, will be getting treatment, and need your medicines. Your action requested was to see the doctors and providers when you submit Sick Call Requests (SCR) and get a Medical lay-in for your medicines.

An appellate review of the Step 2 medical grievance and electronic health records (EHR) indicates you were given appropriate information in the Step 1 medical grievance response. Medical received your Sick Call Request (SCR) on 04/17/2019. However, you were documented as a no show due to no security escort on 04/18/2019. Your provider appointment was rescheduled, and the provider saw you on 04/30/2019 per your SCR. The provider prescribed you Loratadine medication for allergic rhinitis. You were seen by radiation oncology telemedicine for a follow-up on 05/22/2019 and orders were placed. You have scheduled appointments for nuclear medicine June 2019 and for urological surgery October 2019.

Please be advised medical transfers are determined by the health care provider based on whether an offender's medical needs can be met at the current facility. The provider submits a request when it is determined your medical needs cannot be met at your unit of assignment (UOA). Health Services staff and Classification review the request, however; the final decision to transfer an offender is made by Classification. Please refer to Correctional Managed Health Care (CMHC) Policy A-08.4, Offender Medical and Mental Health Classification, located in the unit Law Library. Review of documentation also indicated that you did not attempt informal resolution of your medical concern with the medical supervisory staff. Refer to Policy A 12.1, Attach. A, HAS-34, "Getting Medical Treatment" for further information. Please submit a SCR to Medical for all your health concerns. No further action is warranted at this time through the grievance process.

Signature Authority: _____

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Date: _____

6/25/19

Returned because: _____

*Resubmit this form when corrections are made

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER

GRIEVANCE FORM

J21-1-DB

C4733-78

Offender Name: Denals PutmanTDCJ # 8140378Unit: DE-1Housing Assignment: 613-206-13Unit where incident occurred: DE-1

OFFICE USE ONLY

Grievance #: 201913948Date Received: 15 JUN 2019Date Due: 8.01.19Grievance Code: 619Investigator ID #: 2493

Extension Date: _____

Date Ret'd to Offender: 05 AUG 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer Dixon

What was their response? Said he'd get me Sgt. RDB

When? 6-14-19

What action was taken? The Sgt refused to come talk to me

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On June 14, 2019, the red-headed nurse with curly hair (I don't know her name)

passed out medication on Close-Custody but she refused to give me my medication. I explained to her that I have cancer and that I needed my medication. She told me to

"put in a sick-call" and walked away! 17 JUN 2019

This is Deliberate Indifference. I'm here suffering from cancer and other health issues, that I have been diagnosed with and prescribed medication for, and the nurse refuses me my medication. 17 JUN 2019

17 JUN 2019

Action Requested to resolve your Complaint. I want this to never happen again and measures takenOffender Signature: Dennis JohnsonDate: 6/14/19

Grievance Response:

Review of your medication compliance shows you did not receive your medication as prescribed. It appears you did not show up on the housing roster so medical staff was not aware to deliver medication. You are now on the housing roster and are receiving your medication as prescribed so it appears your complaint is now resolved. If you have problem in the future receiving medication, submit an I-60 for immediate research and resolution. No further action is warranted at this time.

Signature Authority: [Signature]

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

FICT 1-1-1

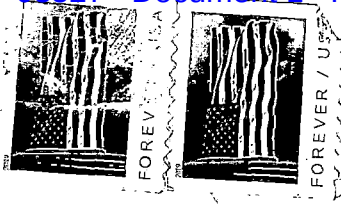
Dennis Putman #2140378
Ellis Unit
1697 FM 980
Huntsville, TX 77343

United States Courts
Southern District of Texas
F L E D

SEP 17 2019

David J. Bradley, Clerk of Court

U.S. District Court
Southern District of Texas
P.O. Box 61010
Houston, TX 77208



Legal Mail